

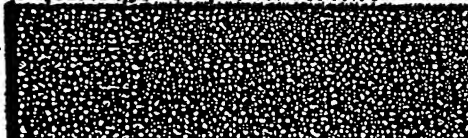
(Steps to be followed in this form)

2700 INTERNAL TRANSFER REQUEST FOR S.N.

10/073281

| | |
|---|---|
| DATE: _____ | FROM: _____ (print name) |
| FORWARD TO: | REASON(S): |
| A. An Unit: <u>2661</u> | A. You had Parent <input type="checkbox"/> (checkbox) |
| B. Class: _____ | B. See Title <input type="checkbox"/> (checkbox) |
| C. Subclass: <u>370</u> | C. See Abstract <input type="checkbox"/> (checkbox) |
| | D. See Claim(s): _____ |
| FURTHER EXPLANATION IF NEEDED: <i>Claims are directed to Tx. of packet data</i> | |

| | |
|--------------------------------|---|
| DATE: _____ | FROM: _____ (print name) |
| FORWARD TO: | REASON(S): |
| A. An Unit: _____ | A. You had Parent <input type="checkbox"/> (checkbox) |
| B. Class: _____ | B. See Title <input type="checkbox"/> (checkbox) |
| C. Subclass: _____ | C. See Abstract <input type="checkbox"/> (checkbox) |
| | D. See Claim(s): _____ |
| FURTHER EXPLANATION IF NEEDED: | |

| | |
|---|---|
| DATE: _____ | FROM: _____ (print name) |
| FORWARD TO CLASSIFIER | REASON(S): |
|  | A. You had Parent <input type="checkbox"/> (checkbox) |
| | B. See Title <input type="checkbox"/> (checkbox) |
| | C. See Abstract <input type="checkbox"/> (checkbox) |
| | D. See Claim(s): _____ |
| FURTHER EXPLANATION IF NEEDED: | |

DISPOSITION BY 2700 CLASSIFICATION

| | |
|--------------------------------|---|
| DATE: _____ | CLASSIFIER: _____ |
| FORWARD TO: | REASON(S): |
| A. An Unit: _____ | A. You had Parent <input type="checkbox"/> (checkbox) |
| B. Class: _____ | B. See Title <input type="checkbox"/> (checkbox) |
| C. Subclass: _____ | C. See Abstract <input type="checkbox"/> (checkbox) |
| | D. See Claim(s): _____ |
| FURTHER EXPLANATION IF NEEDED: | |